

Bobby Jindal
GOVERNOR



Alan Levine
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of the Secretary

June 25, 2009

The Honorable Willie Mount, Chair
Senate Health and Welfare Committee
P.O. Box 94183
Baton Rouge, LA 70804

Dear Senator Mount:

In response to Senate Resolution No. 147 (SR 147) of the 2008 Regular Session, the Louisiana Department of Health and Hospitals (DHH) submits the enclosed report. The resolution urges and requests DHH to work with health care centers in schools in Baton Rouge to conduct a demonstration program to immunize children against influenza and to report the results of the demonstration program.

The Office of Public Health is available to discuss the enclosed report and recommendations with you and the members of the Senate Health and Welfare Committee. Please contact Dr. Rony Francois, Assistant Secretary of the Office of Public Health, at (225) 342-8093 with any questions or comments you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan Levine".

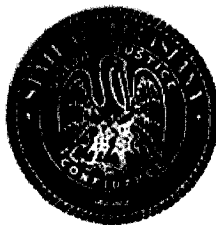
Alan Levine
Secretary

Enclosure

Immunization

Pursuant to
Senate Resolution 147 of the
2008 Regular Legislative Session

Presented to the
Louisiana Senate Committee on Health and Welfare
and
Louisiana House Committee on Health and Welfare



Prepared by the
Department of Health and Hospitals
Alan Levine, Secretary

Office of Public Health
M. Rony Francois, M.D., MSPH, Ph.D., Assistant Secretary

**Regular Session 2008 Senate Resolution 147:
DHH OPH immunization Program
School Mass Influenza Immunization Initiative Demonstration**

Charge of Resolution

This resolution urged and requested the Department of Health and Hospitals, Office of Public Health, Immunization Program, to work with health care centers in Baton Rouge schools to conduct a demonstration program in the fall of 2008. The purpose of the demonstration program was to immunize students in Baton Rouge schools to protect against the influenza virus.

This resolution also required the Department of Health and Hospitals to report the results of the demonstration program to the Senate Committee on Health and Welfare prior to the adjournment of the 2009 Regular Session.

Demonstration Program Development Team

The membership of this team was not developed in the resolution, but the following individuals (organizations) participated in developing a Baton Rouge school-based immunization demonstration program:

- Dr. Rony Francois, MD, MSPH, PhD
Assistant Secretary, Office of Public Health
Louisiana Department of Health and Hospitals
- Harry McKnight
Centers for Disease Control and Prevention
- Dr. Corey Hebert
Medical Director
New Orleans Recovery School District
- Marylyn Hammentt, MSN, RN
Health Services Coordinator
New Orleans Recovery School District
- Dr. Takeisha Davis
Region 1 Medical Director
Louisiana Department of Health and Hospitals
- Dr. Joseph Bocchini
Louisiana State University
Representing Caddo Parish School System
- Dr. John A Vanchiere
Louisiana State University
Representing Caddo Parish School System

- Dr. Martha Whyte
Region 7 Medical Director
Louisiana Department of Health and Hospitals
- Dr Stuart Gordon
Medical Director
East Baton Rouge Parish School System
- Ms Sue Catching
RN Health Services
East Baton Rouge Parish School System
- Dr Marilyn Reynaud
Region 2 Medical Director
Louisiana Department of Health and Hospitals

In addition to the above-listed individuals, numerous staff from various relevant departments worked to lend their expertise and assistance. Beginning in April 2008, many meetings and conference calls were held to carry out the charge of this resolution.

Background

As stated in the resolution, influenza is the most frequent cause of death for a vaccine-preventable disease in the United States and is responsible for an average of 200,000 hospitalizations each year. Therefore, the Advisory Committee on Immunization Practices (ACIP) recommends school-age children receive influenza immunizations in an effort to protect against influenza and reduce the prevalence of influenza related deaths and hospitalizations.

The Department's Center for Preventative Health within the Office of Public Health currently operates the Vaccines for Children (VFC) program. The VFC program provides public and private health care providers with public purchased vaccine at no charge for eligible children. Eligibility requirements for the VFC program are:

- Vaccine recipient must be 18 years of age or younger, and
- Vaccine recipient must be Medicaid eligible, uninsured, American Indian or Alaskan Native (as defined by the Indian Health Services Act).

An exception to the VFC eligibility requirements includes underinsured children¹. Children who are underinsured are eligible to receive vaccines through the VFC program only if they are served by a federally qualified health center, rural health clinic or Office of Public Health Parish Health Unit, or if state funding is available.

¹ Underinsured is defined as a child whose health insurance benefit plan does not include vaccinations. Children whose health insurance covers the cost of vaccinations are not eligible for VFC program benefits, even when a claim for the cost of the vaccine and its administration would be denied, if submitted to the insurance carrier for payment, because the plan's deductible had not been met.

Demonstration Development: Implementation

The Department, in conjunction with the CDC, developed a work around to provide needed influenza vaccines and fulfill the request of Senate Resolution 147, although state and federal funding were initially limited. Through its ongoing state partnership with the CDC, DHH was able to take advantage of additional funding which became available in September 2008. This new federal funding gave the state the ability to purchase additional doses of flu vaccine which included FluMist. In order to provide needed services and fulfill the request of the resolution, Louisiana placed an order for additional doses following the award of the grant.

When planning for the possible implementation of this resolution, the Caddo Parish School System and the New Orleans Recovery School District System, in addition to the East Baton Rouge School System, expressed an interest in the demonstration project. Each school district was provided the VFC eligibility criteria to determine the number of vaccine doses needed for their respective school system. A total of 31,150 doses were requested by the three school systems. East Baton Rouge Parish School System requested 13,450 doses of FluMist (LAIV) and 650 doses of injectable flu vaccine (TIV), Caddo Parish School System request 6,300 doses of LAIV and 750 doses of TIV, and New Orleans Parish Recovery School District requested 10,000 doses of LAIV.

This request was approved by CDC and a total of 29,750 doses of FluMist for the Vaccines for Children influenza school vaccination were ordered. The cost per dose of FluMist (LAIV) under 2008-09 CDC contract was \$18.50 per dose, a total of \$576,275. Also, 1,400 doses of injectable flu vaccine (TIV) were ordered. The cost per dose of TIV under 2008-09 CDC contract was \$9.25 per dose, a total of \$12,950. The total amount expended for vaccinations for this demonstration was \$589,225.

The intent of the initiative was to provide needed vaccines to children to allow the school systems to demonstrate their ability to conduct a mass influenza immunization initiative. The demonstration program required each school system to work with stakeholders, develop a viable action plan, identify key program staff, describe existing resources and anticipated barriers, and utilize the Louisiana Immunization Network for Kids Statewide (LINKS) registry to record doses administered and historical immunization data.

Two weeks prior to the administering of influenza vaccine doses in the schools, each school system sent informational packets to parents notifying them of the benefits, risks, and importance of influenza vaccinations. The informational package also contained consent to vaccinate forms that required parental signature in order to allow the child to receive the influenza vaccination through this demonstration. In addition to the informational package, follow-up reminders to return the consent forms were sent to parents. The Caddo School System and New Orleans Parish Recovery School District began administering the influenza vaccine to their students in November and ended in March. The East Baton Rouge Parish School System began administering the influenza vaccine to their students in November and ended in April. Following the completion of the demonstration requirements, administration of vaccine, and collection of data, the report was submitted to CDC on March 3, 2009.

Results

As a result of this demonstration, a total of 10,476 influenza vaccines were administered at the three demonstration sites. In the East Baton Rouge Parish School System, 6,210 doses of influenza vaccine were administered to students. In the Caddo Parish School System, 2,769 doses of influenza vaccine were administered to students and 1,497 doses of influenza vaccine were administered to students in the New Orleans Recovery School District. Table 1 provides a breakdown of the influenza doses administered by school district and cost. Appendix A, Vaccination Totals by School System, provides a listing of the number of doses administered by each school and the percent of total vaccine doses used within the three participating school district systems. This information was gathered using the information reported in the LINKS system.

Table 1: Influenza Dose Administered by School District

School District	Influenza Doses Provided By Type	Cost per Dose	Doses Administered
East Baton Rouge Parish School System	13,450 (LAIV)	\$18.50	6,210
	650 (TIV)	\$9.25	
Caddo Parish School System	6,300(LAIV)	\$18.50	2,769
	750 (TIV)	\$9.25	
New Orleans Parish Recovery School District	10,000 (LAIV)	\$18.50	1,497

Conclusion

The emergence of multiple and frequent vaccinations, such as yearly influenza vaccination, are now becoming an issue for the medical models we currently use in the provision of vaccines and medical care. For the past 15 years, we have used a vaccination model that is based in Pediatric and Family Practice settings, rather than the Public Health Unit model of vaccination. Through the delivery of vaccines and usage of the Pediatric and Family Practice Setting vaccination model, a stable medical home for the child is maintainable.

Pediatricians now question the medical home concept for vaccinations and wonder how they will be able to vaccinate all their young patients yearly under the new 2010 ACIP recommendations, which recommends that all children aged 6 months to 18 years be given an annual influenza vaccination. To help solve this dilemma, CDC is now stating that schools are indeed a good setting to successfully vaccinate students. The State of Louisiana Immunization Program will work with federal partners and local stakeholders to develop processes on how best to use the current model or new models in supporting the new landscape of vaccinations.

Although federal funding for immunization programs has decreased, it is our hope that the federal funding will be provided to support the expanded requirements and recommendations, including the increasing number of vaccines needed for each child and the complexity of vaccination models.

Historically, the state school-based health programs have provided some services, including immunizations, in the state health units.

Upon completion of the demonstration and review of the Immunization Program, three main elements (planning, funding, and long-term impact) need to be considered for future demonstration projects in order to ensure continuation of efforts at the school level.

1. Planning

In order to improve future demonstration or immunization outreach projects, a proactive approach to planning is needed; this includes conducting a vaccine availability assessment, vaccine needs assessment, and staffing needs assessment. In developing and implementing this type of demonstration, the vaccine availability must be considered. Although FluMist vaccine may be available in early August, it is only recommended for healthy children. The injectable vaccine (for all other children) availability varies from season to season and usually does not get distributed by the manufacturers until late October or mid- November. These variations in vaccine type and distribution timing need to be accounted for in any type of demonstration or initiative.

The planning process must also include an accurate estimation of the number and type of vaccine doses needed. In conducting this demonstration, it was determined that there is a need for organizers to accurately project their vaccine need in order to ensure program integrity and prevent losses. Due to an over-projection in the number of needed vaccines, approximately 66.4% of the doses requested were not needed.

Staffing assessment is another major component of the planning process. School systems need to conduct a mass vaccination staffing assessment prior to the demonstration. Carrying out this function is extremely complex and requires a lot of nursing manpower hours. Some school systems do not have the nurses needed to ensure success of this type of endeavor. Therefore, a process of how to bring the needed resources to deliver the vaccine must be developed. Schools that do not have the staffing capacity to administer the vaccines may consider requesting assistance from community health care professionals that are allowed to vaccinate by law, including pharmacists, registered nurses, and licensed practical nurses.

2. Funding

Unlike other components of the state's Immunization Program, vaccine purchasing is 100% dependent on federal dollars; administration of other immunization services receives state general funds, maternal child health block grant funds, and self generated funds. For several years, federal funding has not kept up with the vaccine costs and/or

the introduction of new vaccines. The state's ability to optimize immunizations will be limited by available federal funds. Because "one-time" funding sources will not allow mass vaccination campaigns in the future, it will be necessary that specific funding allocations be made annually for all school mass vaccination initiatives.

3. Long-Term Impact

Evaluation of the long-term effect of missed opportunities for other vaccines when immunization services are fragmented from the medical home is needed to ensure continuity of care.

Appendix A

Vaccination Totals by School System

Vaccination Totals

Report Criteria

Report Date: June 19, 2009

IRMS: 1018 - EBR SCHOOL FLU 2008
 Report Type: By Facility
 Display By: All
 VFC Status: All
 Include Historical Vaccinations: Yes
 Vaccination Date Range: All

Total Vaccinations Selected: 6210

Facility	Number of Vaccinations	Percent of Total Selected
ARLINGTON PREPARATORY ACADEMY	4	0
AUDUBON ELEMENTARY SCHOOL	133	2
BANKS ELEMENTARY SCHOOL	68	1
BATON ROUGE ACCELERATION ACADEMY	5	0
BATON ROUGE HIGH SCHOOL	153	2
BATON ROUGE VISJAL AND PERFORMING ARTS CENTER	75	1
BELAIRE HIGH SCHOOL	30	0
BELFAIR MONTESSORI SCHOOL	92	1
BERNARD TERRACE ELEMENTARY SCHOOL	74	1
BROADMOOR ELEMENTARY SCHOOL	147	2
BROADMOOR MIDDLE SCHOOL	135	2
BROADMOOR SENIOR HIGH SCHOOL	89	1
BROOKSTOWN ELEMENTARY SCHOOL	51	1
BROWNFIELDS ELEMENTARY SCHOOL	91	1
BUCHANAN ELEMENTARY SCHOOL	83	1
CAPITOL MIDDLE SCHOOL	56	1
CEDARCREST-SOUTHMOOR ELEMENTARY SCHOOL	155	2
CLAIBORNE ELEMENTARY SCHOOL	89	1
CRESTWORTH ELEMENTARY SCHOOL	17	0
DALTON ELEMENTARY SCHOOL	73	1
DELMONT ELEMENTARY	77	1
DUFROCQ MONTESSORI SCHOOL	44	1
EAST BATON ROUGE LABORATORY ACADEMY	28	0
FOREST HEIGHTS ELEMENTARY SCHOOL	119	2
GLASGOW MIDDLE SCHOOL	97	2
GLEN OAKS PARK ELEMENTARY SCHOOL	121	2
GREENBRIER ELEMENTARY SCHOOL	110	2
GREENVILLE ELEMENTARY SCHOOL	28	0
HIGHLAND ELEMENTARY SCHOOL	153	2
HOWELL PARK ELEMENTARY SCHOOL	71	1
ISTROUMA SENIOR HIGH SCHOOL	8	0
J.K. HAYNES ELEMENTARY CHARTER SCHOOL	38	1
KENILWORTH MIDDLE SCHOOL	69	1
LABELLE AIRE ELEMENTARY SCHOOL	185	3
LANIER ELEMENTARY SCHOOL	49	1
LASALLE ELEMENTARY SCHOOL	73	1
MAGNOLIA WOODS ELEMENTARY SCHOOLS	72	1
MCKINLEY MIDDLE MAGNET SCHOOL	91	1
MCKINLEY SENIOR HIGH SCHOOL	58	1
MELROSE ELEMENTARY SCHOOL	70	1
MERRYDALE ELEMENTARY SCHOOL	66	1
MOHICAN EDUCATION CENTER	14	0
NORTHDAL ALTERNATIVE MAGNET ACADEMY	8	0
NORTHEAST ELEMENTARY SCHOOL	147	2
NORTHEAST HIGH SCHOOL	50	1
PARK ELEMENTARY SCHOOL	52	1
PARK FOREST ELEMENTARY SCHOOL	148	2
PARK FOREST MIDDLE SCHOOL	99	2
PARKVIEW ELEMENTARY SCHOOL	159	3
POLK ELEMENTARY SCHOOL	74	1
PRESCOTT MIDDLE SCHOOL	8	0
PROGRESS ELEMENTARY SCHOOL	21	0
RIVEROAKS ELEMENTARY SCHOOL	97	2
ROBERT E LEE HIGH SCHOOL	84	1
RYAN ELEMENTARY SCHOOL	3	0

SCOTLANDVILLE MAGNET HIGH SCHOOL	38	1
SCOTLANDVILLE PRE-ENGINEERING ACADEMY	20	0
SHARON HILLS ELEMENTARY SCHOOL	65	1
SHENANDOAH ELEMENTARY SCHOOL	178	3
SHERWOOD MIDDLE SCHOOL	182	3
SOUTH BOULEVARD EXTENDED DAY SCHOOL	98	2
SOUTH DOWNS SCHOOL	97	2
SOUTHEAST MIDDLE SCHOOL	92	1
STARING EDUCATION CENTER	26	0
TARA HIGH SCHOOL	58	1
TWIN OAKS ELEMENTARY SCHOOL	165	3
UNIVERSITY TERRACE ELEMENTARY SCHOOL	73	1
VALLEY PARK SCHOOL	36	1
VILLA DEL RAY ELEMENTARY SCHOOL	28	0
WEDGEWOOD ELEMENTARY SCHOOL	80	1
WESTDALE HEIGHTS ACADEMIC MAGNET SCHOOL	134	2
WESTDALE MIDDLE SCHOOL	67	1
WESTMINSTER ELEMENTARY SCHOOL	71	1
WHITE HILLS ELEMENTARY SCHOOL	46	1
WILDWOOD ELEMENTARY SCHOOL	105	2
WINBOURNE ELEMENTARY SCHOOL	154	2
WOODLAWN HIGH SCHOOL	67	1
WOODLAWN MIDDLE SCHOOL	82	1
WYANDOTTE PREK CENTER	36	1
NO FACILITY SPECIFIED	1	0

Vaccination Totals

Report Criteria

Report Date: June 18, 2009

IRMS:	1019 - CADDO FLU 2008
Report Type:	By Facility
Display By:	All
VFC Status:	All
Include Historical Vaccinations:	Yes
Vaccination Date Range:	All

Total Vaccinations Selected: 2769

Facility	Number of Vaccinations	Percent of Total Selected
BARRETT ELEMENTARY	36	1
BETHUNE 6TH GRADE ACADEMY	24	1
BETHUNE MIDDLE ACADEMY - MAIN	11	0
BROADMOOR MIDDLE LAB	16	1
CADDO HEIGHTS ELEMENTARY	147	5
CADDO MID CAREER & TECH SCHOOL	24	1
CENTRAL ELEMENTARY	26	1
CHEROKEE PARK ELEMENTARY	50	2
CRESWELL ELEMENTARY	135	5
EDDIE JONES WEST SHREVEPORT ELEMENTARY	112	4
HILLSDALE ELEMENTARY	59	2
INGERSOLL ELEMENTARY	38	1
J. S. CLARK MIDDLE	31	1
LAKESHORE ELEMENTARY	72	3
LINEAR MIDDLE SCHOOL	41	1
MIDWAY PROF DEV ELEMENTARY	129	5
MOORETOWN ELEMENTARY PROF DEV	19	1
NEWTON SMITH ELEMENTARY	49	2
NORTH HIGHLAND ELEMENTARY	3	0
NORTHSIDE ELEMENTARY	145	5
OAK PARK ELEMENTARY	72	3
OIL CITY ELEMENTARY MAGNET	120	4
PINE GROVE ELEMENTARY	244	9
QUEENSBOROUGH ELEMENTARY	44	2
SOUTHERN HILLS ELEMENTARY	220	8
STONER HILL ELEMENTARY	43	2
SUMMER GROVE ELEMENTARY	126	5
SUNSET ACRES ELEMENTARY	105	4
TURNER ELEMENTARY/MIDDLE	86	3
VIVIAN ELEMENTARY	189	7
WALNUT HILL ELEM/MIDDLE	214	8
WERNER PARK ELEMENTARY	139	5

Vaccination Totals

Report Criteria

Report Date: June 19, 2009

IRMS:	1020 - NEW ORLEANS RECOVERY SCHOOL DISTRICT FLU 2008
Report Type:	By Facility
Display By:	All
VFC Status:	All
Include Historical Vaccinations:	Yes
Vaccination Date Range:	All

Total Vaccinations Selected: 1497

Facility	Number of Vaccinations	Percent of Total Selected
A.P. TUREAUD SCHOOL	107	7
ALBERT WICKER SCHOOL	102	7
B. T. WASHINGTON SCHOOL	20	1
BANNEKER SCHOOL	107	7
CARVER ELEMENTARY	51	3
CRAIG ELEMENTARY SCHOOL	92	6
DREW SCHOOL	96	6
EAST BANK FIRST RESPONDERS	8	1
FANNIE C WILLIAMS SCHOOL	128	9
JOHN DIBERT SCHOOL	117	8
JOHNSON ELEMENTARY SCHOOL	94	6
LAUREL SCHOOL	115	8
PAUL HABANS SCHOOL	63	4
SARAH T REED ELEMENTARY SCHOOL	52	3
SARAH T REED HIGH SCHOOL	19	1
SCHAUMBURG SCHOOL	135	9
ST. JULIAN SCHOOL	68	5
SYLVANIE WILLIAMS SCHOOL	87	6
WEST BANK FIRST RESPONDERS	2	0
NO FACILITY SPECIFIED	34	2